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## **Annual Report of Outside Activities (1461) 2009 - 2010 Academic Year**

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### **Outside Activities for this Academic Year**

The Activities below have been added to this report.

<input type="checkbox"/> Name	State
Commission for the Conservation of Southern Bluefin Tuna	Complete
Fish America Foundation	Complete
Kronick Moskowitz Tiedmann & Girard	Complete
Stoel Rives	Complete
Tavel Certification	Complete

**This report is currently:  
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## **Annual Report of Outside Activities (1461) 2008 - 2009 Academic Year**

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### **Outside Activities for this Academic Year**

The Activities below have been added to this report.

---

<input type="checkbox"/> Name	State
California Fisheries Coalition	Complete
Commission for the Conservation of Southern Bluefin Tuna	Complete
FishAmerica Foundation	Complete
R2 USA	Complete
Stratus Consulting	Complete
Tavel Certification	Complete

**This report is currently:  
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## **Annual Report of Outside Activities (1461) 2007 - 2008 Academic Year**

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### **Outside Activities for this Academic Year**

The Activities below have been added to this report.

---

<input type="checkbox"/> Name	State
Commissioni for the Conservation of Southern Bluefin tuna	Complete
FishAmerican Foundation	Complete
R2 USA	Complete
Science, Engineering and the Environment LLC	Complete
The Alliance of Communities for Sustainable Fisheries	Complete

**This report is currently:  
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## **Annual Report of Outside Activities (1461) 2006 - 2007 Academic Year**

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### **Outside Activities for this Academic Year**

The Activities below have been added to this report.

---

<input type="checkbox"/> Name	State
Commission for the conservation of southern bluefin tuna	Complete
Exxon	Complete
Muckelshoot Indian Tribe	Complete
San Diego Watermans Association	Complete

**This report is currently:  
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## **Annual Report of Outside Activities (1461) 2005 - 2006 Academic Year**

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### **Outside Activities for this Academic Year**

The Activities below have been added to this report.

---

<input type="checkbox"/> Name	State
California Fisheries Coalition	Complete
Exxon	Complete

**This report is currently:  
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**See instructions below...**

## **Annual Report of Outside Activities (1461) 2004 - 2005 Academic Year**

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### **Outside Activities for this Academic Year**

The Activities below have been added to this report.

<input type="checkbox"/> Name	State
Atlantic States Marine Fisheries Commission	Complete
Bue Consulting	Complete
Commission for the Conservation of Southern Bluefin tuna	Complete
Scientific Certification Systems	Complete

**This report is currently:  
COMPLETE**

**See instructions below...**

## **Annual Report of Outside Activities (1461) 2003 - 2004 Academic Year**

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### **Outside Activities for this Academic Year**

The Activities below have been added to this report.

<input type="checkbox"/> Name	State
BC Underwater Harvesters Association	Reported
Canadian Sablefish Association	Reported
Commission for the Conservation of Southern Bluefin Tuna	Reported
Muckelshoot Indian Tribe	Reported
O'Melveney & Myers LLP	Reported

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION**

**TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

**RECEIVED**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

**JUN 15 2010**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

**Academic HR**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **Commission for the Conservation of Southern Bluefin Tuna**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **09/01/2010** To (mm/dd/yyyy): **06/30/2011** (17) Number of Days Requested for Activity **09**

(18) Provide a brief abstract of the activities to be performed  
**Attend meetings and review scientific advice**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **4 June 2010** Applicant (print) **RAY HILBORN** Signature **[Signature]**

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **6/10/2010** Department Chair/Program Director (print) **David Armstrong** Signature **[Signature]**

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **6/11/2010** Dean/Chancellor (print) **DENNIS HARTMANN** Signature **[Signature]**

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **6/30/2010** Academic Human Resources/Provost (print) **Greta Davis** Signature **[Signature]**



REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time (12) Service Period  9 months or  12 months

(13) Organization Name **San Luis Delta Mendota Water District**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **07/01/2010** To (mm/dd/yyyy): **06/30/2011**

(17) Number of Days Requested for Activity **10**

(18) Provide a brief abstract of the activities to be performed  
**Evaluate status of delta smelt and chinook salmon in California**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **4 June 2010** Applicant (print) **RAY Hilborn** Signature **Ray Hilborn**

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **06/10/2010** Department Chair/Program Director (print) **David Armstrong** Signature **David Armstrong**

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **6/11/2010** Dean/Chancellor (print) **Dennis L. Hartmann** Signature **DENNIS HARTMANN**

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **6/30/2010** Academic Human Resources/Provost (print) **Bruta Davis** Signature **Bruta Davis**

(3)

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

**RECEIVED**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

**JUN 15 2010**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

**Academic HR**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **Food and Agriculture Organization of the United Nations**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **07/01/2010** To (mm/dd/yyyy): **06/30/2011** (17) Number of Days Requested for Activity **05**

(18) Provide a brief abstract of the activities to be performed

**Evaluate stock status of Bay of Bengal fisheries and attend meeting**

(19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.

- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
- (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
- (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
- (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
- (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
- (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
- (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
- (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
- (27a)  Yes  No Will this activity require that you conduct original research?
- (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **4 Jun 2010** Applicant (print) **Ray Hilborn** Signature **Ray Hilborn**

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **6/10/2010** Department Chair/Program Director (print) **David Armstrong** Signature **David Armstrong**

**TO BE COMPLETED BY THE DEAN/CHANCELLOR**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **6/11/2010** Dean/Chancellor (print) **DENNIS HARTMANN** Signature **Dennis Hartmann**

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **6/30/2010** Academic Human Resources/Provost (print) **Fruta Davis** Signature **Fruta Davis**

**(3)**

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

**RECEIVED**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

**JUN 15 2010**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

**Academic HR**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **International Council for the Exploration of the Seas (ICES)**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **07/01/2010** To (mm/dd/yyyy): **06/30/2011** (17) Number of Days Requested for Activity **05**

(18) Provide a brief abstract of the activities to be performed  
**Give lectures in fisheries population dynamics**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **4 June 2010** Applicant (print) **Ray Hilborn** Signature **Ray Hilborn**

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**  
(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **6/10/2010** Department Chair/Program Director (print) **David Armstrong** Signature **David Armstrong**

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**  
(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **6/11/2010** Dean/Chancellor (print) **DENNIS HARTMANN** Signature **Dennis Hartmann**

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**  
(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **6/30/2010** Academic Human Resources/Provost (print) **Greta Davis** Signature **Greta Davis**

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

RECEIVED

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

SEP 15 2009

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

Academic HR

(11) FTE Appointment (if part time, indicate percentage) (12) Service Period

Full Time or Part Time (13) Organization Name Commission for the Conservation of Southern Bluefin Tuna

(14) Type of Organization (select one) Private: For-Profit Private: Not-For-Profit Public: Federal Public: State Public: Local

(15) Category of Activity (check all that apply) Professional/Private Practice Performing Arts Consultant Speaker Board Member Editor Expert Witness Professional/Continuing Education Scientific/Technical/Expert Advisor Reviewer Other

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) (17) Number of Days Requested for Activity

From (mm/dd/yyyy): 09/01/2009 To (mm/dd/yyyy): 06/30/2010 09

(18) Provide a brief abstract of the activities to be performed Attend meetings and review scientific advice

- (19-28) Answer Yes or No for each question. (19a) Yes No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? (20a) Yes No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? (21a) Yes No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? (22a) Yes No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? (23a) Yes No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? (24a) Yes No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? (25a) Yes No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? (26a) Yes No Will you receive or do you anticipate receiving research funding from the organization? (27a) Yes No Will this activity require that you conduct original research? (28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date 31 Aug 2009 Applicant (print) Ray Hilborn Signature [Signature]

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(31) Date 09/03/09 Department Chair/Program Director (print) David Armstrong Signature [Signature]

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(33) Date 9/14/09 Dean/Chancellor (print) Arthur R.M. Nowell Signature [Signature]

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(36) Date 9/15/09 Academic Human Resources/Provost (print) Pamela R. Ziegler Signature [Signature]

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:

(1b) Last Name

Hilborn

(13b) Organization Name

Commission for the Conservation of Southern Bluefin Tuna

(19b) Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? If YES, please describe the relationship, including the percentage of the organization owned and its approximate value.

NO

(20b) Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? If YES, please describe the position.

no

(21b) Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? If YES, please describe this participation.

no

(22b) Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? If YES, please describe this role.

no

(23b) Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? If YES, please explain.

no

(24b) Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? If YES, please explain.

no

(25b) Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? If YES, please explain.

no

(26b) Will you receive or do you anticipate receiving research funding from the organization? If YES, please explain.

no

(27b) Will this activity require that you conduct original research? If YES, please explain.

no

(28b) Will University of Washington facilities, equipment, computers, employees, students or other resources be used? If YES, please explain.

no

(29b) Additional information or details from Items 18-28.

COPY

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

RECEIVED

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

SEP 15 2009

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

Academic HR

(11) FTE Appointment (if part time, indicate percentage)  Full Time or \_\_\_ Part Time (12) Service Period  9 months or \_\_\_ 12 months

(13) Organization Name **FishAmerican Foundation**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **09/01/2009** To (mm/dd/yyyy): **06/30/2010** (17) Number of Days Requested for Activity **01**

(18) Provide a brief abstract of the activities to be performed  
**Evaluate alternative designs for marine protected areas**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a) \_\_\_ Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a) \_\_\_ Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a) \_\_\_ Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a) \_\_\_ Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a) \_\_\_ Yes  No Will this activity require that you conduct original research?
  - (28a) \_\_\_ Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **9/15/09** Applicant (print) **Ray Hilborn** Signature *[Signature]*

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **09/03/09** Department Chair/Program Director (print) **David Armstrong** Signature *[Signature]*

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **9/14/09** Dean/Chancellor (print) **Arthur R. M. Nowell** Signature *[Signature]*

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **9/15/09** Academic Human Resources/Provost (print) **Bonnie K. Ziegler** Signature *[Signature]*

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:

(1b) Last Name

(13b) Organization Name

Hilborn

FishAmerican Foundation

(19b) Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? If YES, please describe the relationship, including the percentage of the organization owned and its approximate value.

No

(20b) Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? If YES, please describe the position.

no

(21b) Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? If YES, please describe this participation.

no

(22b) Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? If YES, please describe this role.

no

(23b) Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? If YES, please explain.

no

(24b) Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? If YES, please explain.

no

(25b) Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? If YES, please explain.

no

(26b) Will you receive or do you anticipate receiving research funding from the organization? If YES, please explain.

no

(27b) Will this activity require that you conduct original research? If YES, please explain.

no

(28b) Will University of Washington facilities, equipment, computers, employees, students or other resources be used? If YES, please explain.

no

(29b) Additional information or details from Items 18-28.

COPY

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

RECEIVED

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

SEP 15 2009

(11) FTE Appointment (if part time, indicate percentage) (12) Service Period Academic HR

Full Time or Part Time % 9 months or 12 months

(13) Organization Name Kronick Moskovitz Tiedemann & Girard A Law Corporation

(14) Type of Organization (select one) Private: For-Profit Private: Not-For-Profit Public: Federal Public: State Public: Local

(15) Category of Activity (check all that apply) Professional/Private Practice Performing Arts Consultant Speaker Board Member Editor Expert Witness Professional/Continuing Education Scientific/Technical/Expert Advisor Reviewer Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) (17) Number of Days Requested for Activity From (mm/dd/yyyy): 10/01/2009 To (mm/dd/yyyy): 06/30/2010 10

(18) Provide a brief abstract of the activities to be performed Evaluate status of delta smelt in California

- (19-28) Answer Yes or No for each question. (19a) Yes No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? (20a) Yes No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? (21a) Yes No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? (22a) Yes No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? (23a) Yes No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? (24a) Yes No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? (25a) Yes No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? (26a) Yes No Will you receive or do you anticipate receiving research funding from the organization? (27a) Yes No Will this activity require that you conduct original research? (28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date Applicant (print) Signature

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(31) Date Department Chair/Program Director (print) Signature

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(33) Date Dean/Chancellor (print) Signature

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(36) Date Academic Human Resources/Provost (print) Signature



**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1b) Last Name

(13b) Organization Name

**Hilborn**

**Kronick Moskowitz Tiedemann & Girard A Law Corporation**

(19b) Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? If YES, please describe the relationship, including the percentage of the organization owned and its approximate value.

No

(20b) Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? If YES, please describe the position.

no

(21b) Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? If YES, please describe this participation.

no

(22b) Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? If YES, please describe this role.

no

(23b) Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? If YES, please explain.

no

(24b) Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? If YES, please explain.

no

(25b) Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? If YES, please explain.

no

(26b) Will you receive or do you anticipate receiving research funding from the organization? If YES, please explain.

no

(27b) Will this activity require that you conduct original research? If YES, please explain.

no

(28b) Will University of Washington facilities, equipment, computers, employees, students or other resources be used? If YES, please explain.

no

(29b) Additional information or details from Items 18-28.

COPY

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

RECEIVED

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

SEP 15 2009

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

Academic HR

(11) FTE Appointment (if part time, indicate percentage) (12) Service Period

Full Time or Part Time % 9 months or 12 months

(13) Organization Name Tavel Certification

(14) Type of Organization (select one) Private: For-Profit Private: Not-For-Profit Public: Federal Public: State Public: Local

(15) Category of Activity (check all that apply) Professional/Private Practice Performing Arts Consultant Speaker Board Member Editor Expert Witness Professional/Continuing Education Scientific/Technical/Expert Advisor Reviewer Other

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): 10/01/2009 To (mm/dd/yyyy): 06/30/2010 (17) Number of Days Requested for Activity 03

(18) Provide a brief abstract of the activities to be performed Evaluate status of B.C. Pink and Chum fisheries with respect to MSC certification standards

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page. (19a) Yes No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? (20a) Yes No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? (21a) Yes No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? (22a) Yes No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? (23a) Yes No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? (24a) Yes No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? (25a) Yes No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? (26a) Yes No Will you receive or do you anticipate receiving research funding from the organization? (27a) Yes No Will this activity require that you conduct original research? (28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date Applicant (print) Signature 1 Sep 2009 RAY HILBORN

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(31) Date Department Chair/Program Director (print) Signature 09/03/09 David Armstrong

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(33) Date Dean/Chancellor (print) Signature 9/14/09 Arthur R.M. Nowell

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(36) Date Academic Human Resources/Provost (print) Signature 9/15/09 Pamela R. Ziegler

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1b) Last Name

**Hilborn**

(13b) Organization Name

**Tavel Certification**

(19b) Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? If YES, please describe the relationship, including the percentage of the organization owned and its approximate value.

**No**

(20b) Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? If YES, please describe the position.

**no**

(21b) Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? If YES, please describe this participation.

**no**

(22b) Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? If YES, please describe this role.

**no**

(23b) Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? If YES, please explain.

**no**

(24b) Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? If YES, please explain.

**no**

(25b) Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? If YES, please explain.

**no**

(26b) Will you receive or do you anticipate receiving research funding from the organization? If YES, please explain.

**no**

(27b) Will this activity require that you conduct original research? If YES, please explain.

**no**

(28b) Will University of Washington facilities, equipment, computers, employees, students or other resources be used? If YES, please explain.

**no**

(29b) Additional information or details from Items 18-28.

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

COPY

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

RECEIVED

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

SEP 15 2009

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences** **Academic HR**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time (12) Service Period  9 months or  12 months

(13) Organization Name **Stoel Reeves Law firm**

(14) Type of Organization (select one)  Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **10/01/2009** To (mm/dd/yyyy): **06/30/2010** (17) Number of Days Requested for Activity **06**

(18) Provide a brief abstract of the activities to be performed  
**Provide advice on the interaction between a longline fishery and marine mammals.**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **Sept 09** Applicant (print) **RAY Hilborn** Signature **Ray Hilborn**

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **09/03/09** Department Chair/Program Director (print) **David Armstrong** Signature **David Armstrong**

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **9/14/09** Dean/Chancellor (print) **Arthur R.M. Nowell** Signature **Arthur R.M. Nowell**

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **9/15/09** Academic Human Resources/Provost (print) **Patricia R. Fiegler** Signature **Patricia R. Fiegler**

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1b) Last Name

**Hilborn**

(13b) Organization Name

**Stoel Reeves Law firm**

(19b) Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? If YES, please describe the relationship, including the percentage of the organization owned and its approximate value.

no

(20b) Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? If YES, please describe the position.

no

(21b) Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? If YES, please describe this participation.

no

(22b) Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? If YES, please describe this role.

no

(23b) Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? If YES, please explain.

no

(24b) Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? If YES, please explain.

no

(25b) Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? If YES, please explain.

no

(26b) Will you receive or do you anticipate receiving research funding from the organization? If YES, please explain.

NO

(27b) Will this activity require that you conduct original research? If YES, please explain.

no

(28b) Will University of Washington facilities, equipment, computers, employees, students or other resources be used? If YES, please explain.

no

(29b) Additional information or details from Items 18-28.

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name: Hilborn (2) First Name: Ray (3) Middle Initial: RECEIVED  
 (4) Employee ID (not SSN): 866-007-575 (5) Campus Box #: 355020 (6) UW E-Mail: rayh@u  
 (7) Job Class Code (optional): (8) Job Title (Faculty Rank): Professor Academic HR  
 (9) Department/Program (if applicable): Aquatic and Fishery Sciences (10) College/School/Campus: Ocean and Fishery Sciences  
 (11) FTE Appointment (if part time, indicate percentage):  Full Time or  Part Time % (12) Service Period:  9 months or  12 months  
 (13) Organization Name: Stratus Consulting  
 (14) Type of Organization (select one):  Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local  
 (15) Category of Activity (check all that apply):  Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:  
 (16) Period of Work (date range should fall within one academic year, 7/1-6/30): From (mm/dd/yyyy): 12/01/2008 To (mm/dd/yyyy): 06/30/2009 (17) Number of Days Requested for Activity: 03

(18) Provide a brief abstract of the activities to be performed  
I will serve on a committee to review the Marine Fisheries Conservation Initiative of the Gordon and Betty Moore Foundation.

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?
- (29a) Date: 12/1/2008 Applicant (print): RAY HILBORN Signature: [Signature]

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required  
 (31) Date: 11/18/08 Department Chair/Program Director (print): David Armstrong Signature: [Signature]

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required  
 (33) Date: 11-24-08 Dean/Chancellor (print): ARTHUR NDWELI Signature: [Signature]

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost  
 (35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

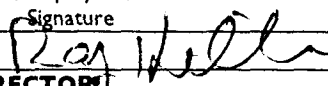
(36) Date: 11/26/08 Academic Human Resources/Provost (print): Pamela R. Ziegler Signature: [Signature]

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION**

**TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name <b>Hilborn</b>	(2) First Name <b>Ray</b>	(3) Middle Initial <b>W</b>
(4) Employee ID (not SSN) <b>866-007-575</b>	(5) Campus Box # <b>355020</b>	(6) UW E-Mail <b>rayh@u</b>
(7) Job Class Code (optional) <b>Professor</b>		(8) Job Title (Faculty Rank)
(9) Department/Program (if applicable) <b>Aquatic and Fishery Sciences</b>		(10) College/School/Campus <b>Ocean and Fishery Sciences</b>
(11) FTE Appointment (if part time, indicate percentage) <input checked="" type="checkbox"/> Full Time or <input type="checkbox"/> Part Time		(12) Service Period <b>SEP 10 2008</b>
(13) Organization Name <b>California Fisheries Coalition</b>		
(14) Type of Organization (select one) <input type="checkbox"/> Private: For-Profit <input checked="" type="checkbox"/> Private: Not-For-Profit <input type="checkbox"/> Public: Federal <input type="checkbox"/> Public: State <input type="checkbox"/> Public: Local		
(15) Category of Activity (check all that apply) <input type="checkbox"/> Professional/Private Practice <input type="checkbox"/> Performing Arts <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Speaker <input type="checkbox"/> Board Member <input type="checkbox"/> Editor <input type="checkbox"/> Expert Witness <input type="checkbox"/> Professional/Continuing Education <input type="checkbox"/> Scientific/Technical/Expert Advisor <input type="checkbox"/> Reviewer <input type="checkbox"/> Other:		
(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): <b>09/25/2008</b> To (mm/dd/yyyy): <b>06/30/2009</b>		(17) Number of Days Requested for Activity <b>03</b>
(18) Provide a brief abstract of the activities to be performed <b>I will help teach a training course in how to evaluate alternative MPA siting proposals.</b>		

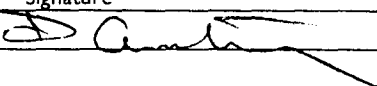
- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **18 Aug 08** Applicant (print) **RAY HILBORN** Signature 

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)

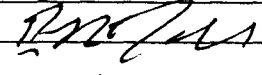
Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **09/02/08** Department Chair/Program Director (print) **David Armstrong** Signature 

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)

Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **9/8/08** Dean/Chancellor (print) **Arthur R.M. Nowell** Signature 

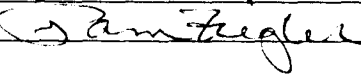
**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)

Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)

Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **9/10/08** Academic Human Resources/Provost (print) **Pamela R. Ziegler** Signature 

COPY

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor AUG 01 2008

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Academic IIR Ocean and Fishery Sciences

(11) FTE Appointment (if part time, indicate percentage) Full Time or Part Time % (12) Service Period 9 months or 12 months

(13) Organization Name R2 USA

(14) Type of Organization (select one) Private: For-Profit Private: Not-For-Profit Public: Federal Public: State Public: Local

(15) Category of Activity (check all that apply) Professional/Private Practice Performing Arts Consultant Speaker Board Member Editor Expert Witness Professional/Continuing Education Scientific/Technical/Expert Advisor Reviewer Other

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): 08/01/2008 To (mm/dd/yyyy): 06/30/2009 (17) Number of Days Requested for Activity 10

(18) Provide a brief abstract of the activities to be performed I will primarily attend meetings to comment on and evaluate the work of the other parties in this multi-party project.

- (19-28) Answer Yes or No for each question. (19a) Yes No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? (20a) Yes No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? (21a) Yes No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? (22a) Yes No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? (23a) Yes No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? (24a) Yes No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? (25a) Yes No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? (26a) Yes No Will you receive or do you anticipate receiving research funding from the organization? (27a) Yes No Will this activity require that you conduct original research? (28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date 24 Jul 08 Applicant (print) R.H. Hill Signature R.H. Hill

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(31) Date 07/29/08 Department Chair/Program Director (print) David Armstrong Signature D. Armstrong

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(33) Date 7/30/08 Dean/Chancellor (print) Arthur R.M. Nowell Signature A.R.M. Nowell

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(36) Date 8/1/08 Academic Human Resources/Provost (print) Pamela R. Ziegler Signature Pamela R. Ziegler



REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

(11) FTE Appointment (if part time, indicate percentage) Full Time (12) Service Period 9 months

(13) Organization Name Tavel Certification

(14) Type of Organization (select one) Private: For-Profit Private: Not-For-Profit Public: Federal Public: State Public: Local

(15) Category of Activity (check all that apply) Professional/Private Practice Performing Arts Consultant Speaker Board Member Editor Expert Witness Professional/Continuing Education Scientific/Technical/Expert Advisor Reviewer Other

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): 08/01/2008 To (mm/dd/yyyy): 06/30/2009 (17) Number of Days Requested for Activity 10

(18) Provide a brief abstract of the activities to be performed Evaluate status of B.C. Pink and Chum fisheries with respect to MSC certification standards

(19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.

(19a) Yes No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?

(20a) Yes No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?

(21a) Yes No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?

(22a) Yes No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?

(23a) Yes No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?

(24a) Yes No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?

(25a) Yes No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?

(26a) Yes No Will you receive or do you anticipate receiving research funding from the organization?

(27a) Yes No Will this activity require that you conduct original research?

(28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date Applicant (print) Signature

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(31) Date Department Chair/Program Director (print) Signature

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(33) Date Dean/Chancellor (print) Signature

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one) Review Required by the Provost Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one) Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(36) Date Academic Human Resources/Provost (print) Signature



**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **Commission for the Conservation of Southern Bluefin Tuna**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **09/01/2008** To (mm/dd/yyyy): **06/30/2009** (17) Number of Days Requested for Activity **10**

(18) Provide a brief abstract of the activities to be performed  
**Attend meetings and review scientific advice**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **24 Jul** Applicant (print) **Ray Hilborn** Signature **[Signature]**

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**  
 (30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **07/29/08** Department Chair/Program Director (print) **David Armstrong** Signature **[Signature]**

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**  
 (32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **7/30/08** Dean/Chancellor (print) **Arthur R.M. Nowell** Signature **[Signature]**

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**  
 (34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **8/1/08** Academic Human Resources/Provost (print) **Pamela R. Ziegler** Signature **[Signature]**

COPY

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

(11) FTE Appointment (if part time, indicate percentage) Full Time (12) Service Period 9 months

(13) Organization Name San Luis and Mendota Water Authority

(14) Type of Organization (select one) Public: Local

(15) Category of Activity (check all that apply) Scientific/Technical/Expert Advisor

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) 09/01/2008 to 06/30/2009 (17) Number of Days Requested for Activity 05

(18) Provide a brief abstract of the activities to be performed Evaluate models of population dynamics of delta smelt

(19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.

- (19a) Yes No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
(20a) Yes No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
(21a) Yes No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
(22a) Yes No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
(23a) Yes No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
(24a) Yes No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
(25a) Yes No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
(26a) Yes No Will you receive or do you anticipate receiving research funding from the organization?
(27a) Yes No Will this activity require that you conduct original research?
(28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date 24 July 08 Applicant (print) R Hill Signature R Hill

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended

(31) Date 07/29/08 Department Chair/Program Director (print) David Armstrong Signature D Armstrong

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one) Recommended

(33) Date 7/30/08 Dean/Chancellor (print) Arthur R.M. Nowell Signature AR Nowell

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one) Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one) Recommended

(36) Date 8/1/08 Academic Human Resources/Provost (print) Pamela R. Ziegler Signature Pamela R. Ziegler

3

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REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

(11) FTE Appointment (if part time, indicate percentage) Full Time (12) Service Period 9 months

(13) Organization Name FishAmerican Foundation

(14) Type of Organization (select one) Private: Not-For-Profit

(15) Category of Activity (check all that apply) Scientific/Technical/Expert Advisor

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) 09/01/2008 to 06/30/2009 (17) Number of Days Requested for Activity 05

(18) Provide a brief abstract of the activities to be performed Evaluate alternative designs for marine protected areas

- (19-28) Answer Yes or No for each question. (19a) No (20a) No (21a) No (22a) No (23a) No (24a) No (25a) No (26a) No (27a) No (28a) No

(29a) Date 7/29/08 Applicant (print) David Armstrong Signature [Signature]

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information) Recommended

(31) Date 07/29/08 Department Chair/Program Director (print) David Armstrong Signature [Signature]

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one) Recommended

(33) Date 7/30/08 Dean/Chancellor (print) Arthur R.M. Nowell Signature [Signature]

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one) Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one) Recommended

(36) Date 8/1/08 Academic Human Resources/Provost (print) Pamela R. Ziegler Signature [Signature]

COPY

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

(11) FTE Appointment (if part time, indicate percentage) (12) Service Period

(13) Organization Name R2 USA

(14) Type of Organization (select one) Private: For-Profit Private: Not-For-Profit Public: Federal Public: State Public: Local

(15) Category of Activity (check all that apply) Professional/Private Practice Performing Arts Consultant Speaker Board Member Editor Expert Witness Professional/Continuing Education Scientific/Technical/Expert Advisor Reviewer Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) (17) Number of Days Requested for Activity

From (mm/dd/yyyy): 04/01/2008 To (mm/dd/yyyy): 06/30/2008 10

(18) Provide a brief abstract of the activities to be performed I will primarily attend meetings to comment on and evaluate the work of the other parties in this multi-party project.

(19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.

(19a) Yes No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?

(20a) Yes No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?

(21a) Yes No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?

(22a) Yes No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?

(23a) Yes No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?

(24a) Yes No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?

(25a) Yes No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?

(26a) Yes No Will you receive or do you anticipate receiving research funding from the organization?

(27a) Yes No Will this activity require that you conduct original research?

(28a) Yes No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date Applicant Signature

23 March 08 DAY HILBORN

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)

Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(31) Date Department Chair/Program Director (print) Signature

03/27/08 DAVID ARMSTRONG

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one)

Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(33) Date Dean/Chancellor (print) Signature

7-24-08 ARTHUR NOWICK

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one)

Review Required by the Provost Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)

Recommended Not Recommended Excluded from Policy (Sec. 5), Approval Not Required

(36) Date Academic Human Resources/Provost (print) Signature

4/1/08 Pamela R. Ziegler

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1b) Last Name

**Hilborn**

(13b) Organization Name

**R2 USA**

(19b) Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed? If YES, please describe the relationship, including the percentage of the organization owned and its approximate value.

no

(20b) Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed? If YES, please describe the position.

no

(21b) Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization? If YES, please describe this participation.

no

(22b) Do you, your spouse or significant other, or your children have a continuing advisory role with the organization? If YES, please describe this role.

no

(23b) Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available? If YES, please explain.

no

(24b) Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington? If YES, please explain.

no

(25b) Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity? If YES, please explain.

no

(26b) Will you receive or do you anticipate receiving research funding from the organization? If YES, please explain.

**A research scientist in our school, Dr. Robert Lessard, will be employed on a UW contract on this project and I will be the PI on this funding. All of my time on this project will be covered as a consultant.**

(27b) Will this activity require that you conduct original research? If YES, please explain.

no

(28b) Will University of Washington facilities, equipment, computers, employees, students or other resources be used? If YES, please explain.

no

(29b) Additional information or details from Items 18-28.

JAN 11 2008

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial Academic HR

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

(11) FTE Appointment (if part time, indicate percentage) Full Time (12) Service Period 9 months

(13) Organization Name THE ALLIANCE OF COMMUNITIES FOR SUSTAINABLE FISHERIES

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): 01/01/2008 To (mm/dd/yyyy): 06/30/2008 (17) Number of Days Requested for Activity 02

(18) Provide a brief abstract of the activities to be performed  
**Review the potential impacts of Marine Protected Areas in the Monterrey Bay National Marine Sanctuary**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
- (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
- (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
- (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
- (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
- (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
- (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
- (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
- (27a)  Yes  No Will this activity require that you conduct original research?
- (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date 27/Dec/07 Applicant (print) RAY HILBORN Signature [Signature]

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date 01/04/08 Department Chair/Program Director (print) David Armstrong Signature [Signature]

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date 1/9/08 Dean/Chancellor (print) Arthur R. M. Nowell Signature [Signature]

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date 1/11/08 Academic Human Resources/Provost (print) Pamela R. Ziegler Signature [Signature]

JAN 11 2008

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

(1) Last Name **Hilborn** (2) First Name **Ray** **Academic HR**  
**W**  
(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**  
(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**  
(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**  
(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months  
(13) Organization Name **Science, Engineering and the Environment, LLC**  
(14) Type of Organization (select one)  Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local  
(15) Category of Activity (check all that apply)  Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:  
(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **01/01/2008** To (mm/dd/yyyy): **06/30/2008** (17) Number of Days Requested for Activity **05**  
(18) Provide a brief abstract of the activities to be performed  
**Summarize potential harvest of fishes in Willamette River**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.  
(19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?  
(20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?  
(21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?  
(22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?  
(23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?  
(24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?  
(25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?  
(26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?  
(27a)  Yes  No Will this activity require that you conduct original research?  
(28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?  
(29a) Date **24 Dec 07** Applicant (print) **Hilborn** Signature **Ray Hilborn**

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**  
(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required  
(31) Date **01/04/08** Department Chair/Program Director (print) **David Armstrong** Signature **David Armstrong**

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**  
(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required  
(33) Date **1/9/08** Dean/Chancellor (print) **Arthur R. M. Nowell** Signature **Arthur R. M. Nowell**

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**  
(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost  
(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required  
(36) Date **1/11/08** Academic Human Resources/Provost (print) **Pamela R. Ziegler** Signature **Pamela R. Ziegler**



**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name <b>Hilborn</b>	(2) First Name <b>Ray</b>	(3) Middle Initial <b>W</b>
(4) Employee ID (not SSN) <b>866-007-575</b>	(5) Campus Box # <b>355020</b>	(6) UW E-Mail <b>rayh@u</b>
(7) Job Class Code (optional) <b>0101</b>	(8) Job Title (Faculty Rank) <b>Professor</b>	<b>RECEIVED</b> <b>SEP 21 2007</b>
(9) Department/Program (if applicable) <b>Aquatic and Fishery Sciences</b>	(10) College/School/Campus <b>Ocean and Fishery Sciences</b>	<b>Academic HR</b>
(11) FTE Appointment (if part time, indicate percentage) <input checked="" type="checkbox"/> Full Time or <input type="checkbox"/> Part Time	(12) Service Period <input checked="" type="checkbox"/> 9 months or <input type="checkbox"/> 12 months	
(13) Organization Name <b>Commission for the Conservation of Southern Bluefin Tuna</b>		
(14) Type of Organization (select one) <input type="checkbox"/> Private: For-Profit <input type="checkbox"/> Private: Not-For-Profit <input checked="" type="checkbox"/> Public: Federal <input type="checkbox"/> Public: State <input type="checkbox"/> Public: Local		
(15) Category of Activity (check all that apply) <input type="checkbox"/> Professional/Private Practice <input type="checkbox"/> Performing Arts <input type="checkbox"/> Consultant <input type="checkbox"/> Speaker <input type="checkbox"/> Board Member <input type="checkbox"/> Editor <input type="checkbox"/> Expert Witness <input type="checkbox"/> Professional/Continuing Education <input checked="" type="checkbox"/> Scientific/Technical/Expert Advisor <input type="checkbox"/> Reviewer <input type="checkbox"/> Other:		
(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): <b>09/01/2007</b> To (mm/dd/yyyy): <b>06/30/2008</b>		(17) Number of Days Requested for Activity <b>10</b>
(18) Provide a brief abstract of the activities to be performed <b>Attend meetings and review scientific advice</b>		

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
- (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
- (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
- (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
- (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
- (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
- (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
- (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
- (27a)  Yes  No Will this activity require that you conduct original research?
- (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?
- (29a) Date **17 Aug 07** Applicant (print) **RAY HILBORN** Signature *Ray Hilborn*

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **8/28/07** Department Chair/Program Director (print) **Director - Aquatic + Fishery Sciences** Signature *[Signature]*

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **9/19/07** Dean/Chancellor (print) **Dean Arthur R.M. Nowell** Signature *[Signature]*

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **9/21/07** Academic Human Resources/Provost (print) **Jessica Stern** Signature *Jessica Stern*

SEP 21 2007

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

(7) Job Class Code (optional) **0101** (8) Job Title (Faculty Rank) **Professor**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **FishAmerican Foundation**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **09/01/2007** To (mm/dd/yyyy): **06/30/2008** (17) Number of Days Requested for Activity **10**

(18) Provide a brief abstract of the activities to be performed  
**Evaluate alternative designs for marine protected areas**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?
- (29a) Date **17 Apr 07** Applicant (print) **Dan Hilborn** Signature **Ray Hilborn**

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **8/28/07** Department Chair/Program Director (print) **Director - Aquatic & Fishery Sciences** Signature **Dan Hilborn**

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **9-19-07** Dean/Chancellor (print) **Dean Arthur R.M. Nowell** Signature **Art Nowell**

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **9/21/07** Academic Human Resources/Provost (print) **Jessica Stern** Signature **Jessica Stern**

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION**

**TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name <b>Hilborn</b>	(2) First Name <b>Ray</b>	(3) Middle Initial <b>W</b>
(4) Employee ID (not SSN) <b>866-007-575</b>	(5) Campus Box # <b>355020</b>	(6) UW E-Mail <b>rayh@u</b>
(7) Job Class Code (optional) <b>Professor</b>		(8) Job Title (Faculty Rank)
(9) Department/Program (if applicable) <b>Aquatic and Fishery Sciences</b>		(10) College/School/Campus <b>Ocean and Fishery Sciences</b>
(11) FTE Appointment (if part time, indicate percentage) <input checked="" type="checkbox"/> Full Time or <input type="checkbox"/> Part Time %		(12) Service Period <input checked="" type="checkbox"/> 9 months or <input type="checkbox"/> 12 months
(13) Organization Name <b>Muckelshoot Indian Tribe</b>		
(14) Type of Organization (select one) <input type="checkbox"/> Private: For-Profit <input type="checkbox"/> Private: Not-For-Profit <input checked="" type="checkbox"/> Public: Federal <input type="checkbox"/> Public: State <input type="checkbox"/> Public: Local		
(15) Category of Activity (check all that apply) <input type="checkbox"/> Professional/Private Practice <input type="checkbox"/> Performing Arts <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Speaker <input type="checkbox"/> Board Member <input type="checkbox"/> Editor <input type="checkbox"/> Expert Witness <input type="checkbox"/> Professional/Continuing Education <input type="checkbox"/> Scientific/Technical/Expert Advisor <input type="checkbox"/> Reviewer <input type="checkbox"/> Other:		
(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): <b>07/01/2006</b> To (mm/dd/yyyy): <b>06/30/2007</b>		(17) Number of Days Requested for Activity <b>05</b>

(18) Provide a brief abstract of the activities to be performed  
**Consult regarding habitat impacts on salmon**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
  - (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
  - (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
  - (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
  - (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
  - (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
  - (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
  - (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
  - (27a)  Yes  No Will this activity require that you conduct original research?
  - (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?
- (29a) Date **25 July 06** Applicant (print) **Ray Hilborn** Signature *Ray Hilborn*

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/ PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date \_\_\_\_\_ Department Chair/Program Director (print) \_\_\_\_\_ Signature *David Austin*

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **8/10/06** Dean/Chancellor (print) **Arthur R.M. Nowell** Signature *AMN*

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **8/17/06** Academic Human Resources/Provost (print) \_\_\_\_\_ Signature *Shirley Franklin*

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION**

**TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **San Diego Watermans Association**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **07/01/2006** To (mm/dd/yyyy): **06/30/2007** (17) Number of Days Requested for Activity **05**

(18) Provide a brief abstract of the activities to be performed  
**Consult regarding management of sea urchins**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
- (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
- (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
- (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
- (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
- (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
- (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
- (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
- (27a)  Yes  No Will this activity require that you conduct original research?
- (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?
- (29a) Date **25 July 06** Applicant (print) **Ray H. Hilborn** Signature *Ray Hilborn*

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date Department Chair/Program Director (print) Signature  
*Dain...*

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **8/10/06** Dean/Chancellor (print) **Arthur R. M. Nowell** Signature *Arthur Nowell*

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **8/17/06** Academic Human Resources/Provost (print) **Shirley Frank** Signature *Shirley Frank*

AUG 14 2006

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION

TO BE COMPLETED BY THE APPLICANT:

Academic Human Resources

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **Exxon**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **07/01/2006** To (mm/dd/yyyy): **06/30/2007** (17) Number of Days Requested for Activity **05**

(18) Provide a brief abstract of the activities to be performed  
**Prepare for possible role as expert witness**

- (19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.
- (19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?
- (20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?
- (21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?
- (22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?
- (23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?
- (24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?
- (25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?
- (26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?
- (27a)  Yes  No Will this activity require that you conduct original research?
- (28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?
- (29a) Date **25 Jul 06** Applicant (print) **Ray Hilborn** Signature **Ray Hilborn**

TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date Department Chair/Program Director (print) Signature  
**8/10/06** **Arthur R.M. Nowell** **Arthur**

TO BE COMPLETED BY THE DEAN/CHANCELLOR:

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date Dean/Chancellor (print) Signature  
**8/10/06** **Arthur R.M. Nowell** **Arthur**

TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date Academic Human Resources/Provost (print) Signature  
**8/17/06** **Shirley Brunk** **Shirley Brunk**

AUG 14 2006

REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:

Academic Human Resources

(1) Last Name **Hilborn** (2) First Name **Ray** (3) Middle Initial **W**

(4) Employee ID (not SSN) **866-007-575** (5) Campus Box # **355020** (6) UW E-Mail **rayh@u**

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) **Professor**

(9) Department/Program (if applicable) **Aquatic and Fishery Sciences** (10) College/School/Campus **Ocean and Fishery Sciences**

(11) FTE Appointment (if part time, indicate percentage)  Full Time or  Part Time % (12) Service Period  9 months or  12 months

(13) Organization Name **Commission for the Conservation of Southern Bluefin Tuna**

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): **07/01/2006** To (mm/dd/yyyy): **06/30/2007** (17) Number of Days Requested for Activity **10**

(18) Provide a brief abstract of the activities to be performed  
**Attend meetings and review scientific advice**

(19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.

(19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?

(20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?

(21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?

(22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?

(23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?

(24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?

(25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?

(26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?

(27a)  Yes  No Will this activity require that you conduct original research?

(28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **25 July 06** Applicant (print) **Ray Hilborn** Signature **Ray Hilborn**

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date Department Chair/Program Director (print) Signature **David A. Austin**

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date Dean/Chancellor (print) Signature **Arthur R. M. Nawell**

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date Academic Human Resources/Provost (print) Signature **Shirley Brunk**

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name Hilborn (2) First Name Ray (3) Middle Initial W

(4) Employee ID (not SSN) 866-007-575 (5) Campus Box # 355020 (6) UW E-Mail rayh@u

(7) Job Class Code (optional) (8) Job Title (Faculty Rank) Professor

(9) Department/Program (if applicable) Aquatic and Fishery Sciences (10) College/School/Campus Ocean and Fishery Sciences

(11) FTE Appointment (if part time, indicate percentage) ✓ Full Time or \_\_\_ Part Time % (12) Service Period ✓ 9 months or \_\_\_ 12 months

(13) Organization Name California Fisheries Coalition

(14) Type of Organization (select one)  
 Private: For-Profit  Private: Not-For-Profit  Public: Federal  Public: State  Public: Local

(15) Category of Activity (check all that apply)  
 Professional/Private Practice  Performing Arts  Consultant  Speaker  Board Member  Editor  Expert Witness  
 Professional/Continuing Education  Scientific/Technical/Expert Advisor  Reviewer  Other:

(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): 04/05/2006 To (mm/dd/yyyy): 06/30/2006 (17) Number of Days Requested for Activity 05

(18) Provide a brief abstract of the activities to be performed  
**Evaluate and critique report on Marine Protected Areas in California**

(19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.

(19a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?

(20a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?

(21a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?

(22a) \_\_\_ Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?

(23a) \_\_\_ Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?

(24a) \_\_\_ Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?

(25a) \_\_\_ Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?

(26a) \_\_\_ Yes  No Will you receive or do you anticipate receiving research funding from the organization?

(27a) \_\_\_ Yes  No Will this activity require that you conduct original research?

(28a) \_\_\_ Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date 29 March 2006 Applicant (print) Ray Hilborn Signature Rg Hil

**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date 3/30/06 Department Chair/Program Director (print) David Armstrong Signature David Armstrong

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date 4/4/06 Dean/Chancellor (print) A. R. Nowell Signature A. R. Nowell

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date 4/15/06 Academic Human Resources/Provost (print) Spencer Markel Signature Spencer Markel

**REQUEST for APPROVAL of OUTSIDE PROFESSIONAL WORK for COMPENSATION  
TO BE COMPLETED BY THE APPLICANT:**

(1) Last Name <b>Hilborn</b>	(2) First Name <b>Ray</b>	(3) Middle Initial <b>W</b>
(4) Employee ID (not SSN) <b>866-007-575</b>	(5) Campus Box # <b>355020</b>	(6) UW E-Mail <b>rayh@u</b>
(7) Job Class Code (optional)	(8) Job Title (Faculty Rank) <b>Professor</b>	
(9) Department/Program (if applicable) <b>Aquatic and Fishery Sciences</b>	(10) College/School/Campus <b>Ocean and Fishery Sciences</b>	
(11) FTE Appointment (if part time, indicate percentage) <input checked="" type="checkbox"/> Full Time or <input type="checkbox"/> Part Time	(12) Service Period <input checked="" type="checkbox"/> 9 months or <input type="checkbox"/> 12 months	
(13) Organization Name <b>Exxon</b>		
(14) Type of Organization (select one) <input checked="" type="checkbox"/> Private: For-Profit <input type="checkbox"/> Private: Not-For-Profit <input type="checkbox"/> Public: Federal <input type="checkbox"/> Public: State <input type="checkbox"/> Public: Local		
(15) Category of Activity (check all that apply) <input type="checkbox"/> Professional/Private Practice <input type="checkbox"/> Performing Arts <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Speaker <input type="checkbox"/> Board Member <input type="checkbox"/> Editor <input type="checkbox"/> Expert Witness <input type="checkbox"/> Professional/Continuing Education <input type="checkbox"/> Scientific/Technical/Expert Advisor <input type="checkbox"/> Reviewer <input type="checkbox"/> Other:		
(16) Period of Work (date range should fall within one academic year, 7/1-6/30) From (mm/dd/yyyy): <b>03/29/2006</b> To (mm/dd/yyyy): <b>06/30/2006</b>		(17) Number of Days Requested for Activity <b>05</b>
(18) Provide a brief abstract of the activities to be performed <b>Provide scientific advice relevant to preparation for possible lawsuit</b>		

(19-28) Answer Yes or No for each question. If you answered Yes to any question, you must provide additional documentation on the next page.

(19a)  Yes  No Do you, your spouse or significant other, or your children have an ownership or deeper involvement with the organization for which the work is to be performed?

(20a)  Yes  No Do you, your spouse or significant other, or your children hold a management position with the organization for which the work is to be performed?

(21a)  Yes  No Do you, your spouse or significant other, or your children participate in the ongoing day-to-day operations of the organization?

(22a)  Yes  No Do you, your spouse or significant other, or your children have a continuing advisory role with the organization?

(23a)  Yes  No Will this activity result in the transfer or use of technology, information or other intellectual property developed at the University of Washington that is not publicly available?

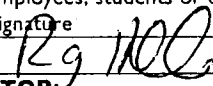
(24a)  Yes  No Will this activity result in the transfer or use of discoveries, software, databases, inventions or other intellectual property not yet disclosed to the University of Washington?

(25a)  Yes  No Will this activity result in the transfer or use of intellectual property obligated or licensed to another entity?

(26a)  Yes  No Will you receive or do you anticipate receiving research funding from the organization?

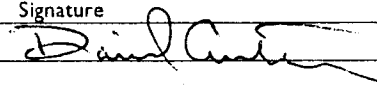
(27a)  Yes  No Will this activity require that you conduct original research?

(28a)  Yes  No Will University of Washington facilities, equipment, computers, employees, students or other resources be used?

(29a) Date **29 March 2006** Applicant (print) **RAY HILBORN** Signature 

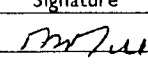
**TO BE COMPLETED BY THE DEPARTMENT CHAIR/PROGRAM DIRECTOR:**

(30) Evaluation of Request by Department Chair/Program Director (select one, see instructions for more information)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(31) Date **29 March 2006** Department Chair/Program Director (print) **David Armstrong** Signature 

**TO BE COMPLETED BY THE DEAN/CHANCELLOR:**

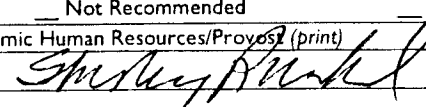
(32) Evaluation of Request by Dean/Chancellor (select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(33) Date **4/4/06** Dean/Chancellor (print) **NOWKLE ARTHUR** Signature 

**TO BE COMPLETED BY ACADEMIC HUMAN RESOURCES:**

(34) Evaluation of Request by Academic Human Resources (select one)  
 Review Required by the Provost  Review Not Required by the Provost

(35) Evaluation of Request by the Provost (if necessary, select one)  
 Recommended  Not Recommended  Excluded from Policy (Sec. 5), Approval Not Required

(36) Date **4/10/06** Academic Human Resources/Provost (print) **Spencer Rusk** Signature 



## Jeff Cheek

---

**From:** Jeff Cheek [jcheek@u.washington.edu]  
**Sent:** Thursday, March 27, 2008 11:08 AM  
**To:** Ray Hilborn  
**Cc:** David A Armstrong  
**Subject:** RE: Your memo of March 26

Professor Hilborn:

I concur - I apologize if the memo confers otherwise as I did not mean to assess any blame or lack of responsibility on your part. I understand that not all of our investigators receive the information they need when they need it. Indeed, we at central administration need to take on the duty of providing faculty with essential information (such as that contained in GIM-10) in a more user-friendly format. The point I was trying to make is that all of us - department staff, investigators, administrators - need to be advised of the proper procedures, and I am here for consultation as need be. Thank you for your clarification, and I'll add your statement to the file for the record.

Jeff Cheek

Jeffrey M. Cheek, Ph.D.  
Associate Vice Provost for Research Compliance & Operations University of Washington Office of Research Box 351202  
Seattle, WA 98195-1202  
(206) 543-6619  
FAX (206) 685-9210

> -----Original Message-----

> From: Ray Hilborn [mailto:rayh@u.washington.edu]  
> Sent: Thursday, March 27, 2008 11:02 AM  
> To: Jeffrey M. Cheek  
> Cc: David A Armstrong  
> Subject: Your memo of March 26

>

> Dear Dr. Cheek:

>

> Thank you for your memo of 26 March regarding the SFI and the  
> sacramento chinook issue. For the record I would like to clarify that  
> prior to filling out the GC1 for this project I consulted my  
> department administrators about what constituted SFI and I was  
> advised, in error, that the proposed consulting did not constitute  
> SFI.

>

> I did make every attempt to comply with the regulations to the best of  
> my knowledge.

>

> Ray Hilborn  
> Professor

>

>



UNIVERSITY OF WASHINGTON

March 26, 2008

**CONFIDENTIAL**

Dr. Ray Hilborn  
Dept. of Aquatics and Fishery Sciences  
Box 355020

Title: Life history models of Sacramento River chinook salmon.

Sponsor: R2 Resource Consultants

Identifiers: OR #2008.14; OSP #A35505

Dear Dr. Hilborn:

This memorandum summarizes our review of the financial conflicts of interest questions related to the above-referenced ongoing research project, for which you were formerly the Principal Investigator (P.I.). The need for our review was in response to your original disclosure of a financial relationship with the sponsor and your role on the project as the P.I. We note that you have subsequently disclosed that you are no longer the P.I. on this project, as Dr. Andre Punt has assumed this role, and thus you no longer have a potential significant financial interest with respect to your original disclosure.

You originally disclosed that you would be working as a consultant for the sponsor during the active period of the project, although it was not clear from your disclosure whether your consulting activity was part of the research project or as part of an outside work obligation. We also note that while you did provide an estimate of the total number of days that you would engage in consulting for R2 Resource Consultants, you did not include the details of your compensation as required by GIM-10. Finally, we note that you did not disclose this significant financial interest in a timely manner as related to your ongoing research project (i.e., per the terms of GIM-10, investigators are supposed to seek approval prior to undertaking their research). We are not concerned that these omissions represent anything more than an oversight of the University's reporting requirements, nor do they factor into our determination of your lack of any significant financial interest for this project.

As you have more recently disclosed that you no longer have any role on this project, there is nothing that our Office needs to review in this case. I would like to stress that it is important for

**CONFIDENTIAL**

investigators to comply with University requirements and that the University also complete its due diligence in oversight of conflicts of interest, especially when an investigator is simultaneously conducting outside or related work for the same sponsor. The point of emphasis is not so much compliance with University policy *per se*, but to protect the research project itself from any real or perceived biasing effect. If there are any questions that you or your colleagues have concerning the University's requirements and/or procedures in this regard, please do not hesitate to contact me directly.

Our determination of no significant financial interest on your part is based on our understanding of the facts as described above. If there is a material change in the facts or your financial interests, you are required to report them immediately to the University. In addition, all other relevant University policies and procedures will continue to apply. By copy of this letter, the Office of the Vice Provost for Academic Personnel and the Office of Sponsored Programs are being advised of this determination.

We appreciate your cooperation in assuring compliance with University policies, state statutes and federal regulations relative to conflicts of interest.

Sincerely,



Jeffrey M. Cheek

Associate Vice Provost for Research Compliance and Operations

cc: Dr. David Armstrong  
Vice Provost Cheryl Cameron  
Director Lynne Chronister, Office of Sponsored Programs

## Jeff Cheek

---

**From:** Ray Hilborn [rayh@u.washington.edu]  
**Sent:** Wednesday, March 19, 2008 4:26 PM  
**To:** Jeff Cheek  
**Subject:** Re: CONFIDENTIAL: SFI review for "Life history models of Sacramento River chinook salmon"

I have dropped this project and am no longer the PI. Dr. Andre Punt is taking over the PI status and I now longer have any SFI.

Ray Hilborn

On Wed, 19 Mar 2008, Jeff Cheek wrote:

> Dear Professor Hilborn: I have received your GIM-10 disclosure of  
> your financial interest with the sponsor of the above-noted project, R2 Resource Consultants. So that I may complete my review of your disclosure as detailed in the UW policy, please provide the following information (via reply email will suffice for the purposes of this review): 1. You have disclosed that you anticipate consulting for the same company for approximately 10 days total over the next year. Will you be compensated for this, and if so, what is the estimated total compensation you anticipate receiving? Also, have you been compensated by R2 Resource Consultants at any time during the previous 12 months before you began your current project? If so, please provide the total for this period as well. (The total and time period details are necessary to determine if your financial interests are "significant" per the definitions outlined in GIM-10). 2. What is/are your role(s) as the P.I. on the project? Is there any overlap with the role you specify for your consulting activities? Your early email reply will facilitate completion of this review; thank you for your help and cooperation. Jeffrey M. Cheek, Ph.D. Associate Vice Provost for Research Compliance & Operations University of Washington Office of Research Box 351202 Seattle, WA 98195-1202 (206) 543-6619 FAX (206) 685-9210 This electronic message transmission contains information that may be confidential or legally protected. The information contained herein is only for the use of the person(s) to whom this communication is addressed. If you are not the intended recipient, please be aware that any disclosure, copying, distribution or use of this communication or the information contained herein is strictly prohibited. If you have received this electronic transmission in error, please notify Jeff Cheek at the above telephone number or email address immediately.

>

**Jeff Cheek**

---

**From:** Jeff Cheek [jcheek@u.washington.edu]  
**Sent:** Wednesday, March 19, 2008 4:00 PM  
**To:** Ray Hilborn  
**Subject:** CONFIDENTIAL: SFI review for "Life history models of Sacramento River chinook salmon"

Dear Professor Hilborn:

I have received your GIM-10 disclosure of your financial interest with the sponsor of the above-noted project, R2 Resource Consultants. So that I may complete my review of your disclosure as detailed in the UW policy, please provide the following information (via reply email will suffice for the purposes of this review):

1. You have disclosed that you anticipate consulting for the same company for approximately 10 days total over the next year. Will you be compensated for this, and if so, what is the estimated total compensation you anticipate receiving? Also, have you been compensated by R2 Resource Consultants at any time during the previous 12 months before you began your current project? If so, please provide the total for this period as well. (The total and time period details are necessary to determine if your financial interests are "significant" per the definitions outlined in GIM-10).
2. What is/are your role(s) as the P.I. on the project? Is there any overlap with the role you specify for your consulting activities?

Your early email reply will facilitate completion of this review; thank you for your help and cooperation.

Jeffrey M. Cheek, Ph.D.  
Associate Vice Provost for Research Compliance & Operations  
University of Washington  
Office of Research  
Box 351202  
Seattle, WA 98195-1202  
(206) 543-6619  
FAX (206) 685-9210

This electronic message transmission contains information that may be confidential or legally protected. The information contained herein is only for the use of the person(s) to whom this communication is addressed. If you are not the intended recipient, please be aware that any disclosure, copying, distribution or use of this communication or the information contained herein is strictly prohibited. If you have received this electronic transmission in error, please notify Jeff Cheek at the above telephone number or email address immediately.

**University of Washington Correspondence**  
**INTERDEPARTMENTAL**  
**OFFICE OF SPONSORED PROGRAMS, Box 354945**

2008.14

1/23/2008

Mary E. Lidstrom, Ph.D.  
Vice Provost for Research  
Office of Research  
Box 351237

Subject: Disclosure of Significant Financial Interest

Attached is a copy of a Significant Financial Interest Disclosure Form along with supporting information in a sealed envelope marked "confidential". Also attached are a copy of the Form eGC-1, and a copy of the grant application to which this disclosure relates. The pertinent identifier and reference information are as follows:

Name and department: Ray Hilborn, Organization 2620001000, SCH AQUATIC&FISHERY SC

Proposal title: Life history models of Sacramento River chinook salmon

Sponsor: R2 Resource Consultants

Proposed start date: 10/1/2007

Proposal type: New

eGC1 number: A35505

Proposal Status: Pending/Approved by OSP

After review of the disclosure by the Office of Research, I'll appreciate your advice as to whether it is appropriate for OSP to accept/consummate an award and any special conditions that should be observed in doing so.

Sincerely,



Jeff Cheek  
Associate Vice Provost for Research Compliance & Operations  
Office of Sponsored Programs

Sinh Simmons  
Associate Director  
Acting for Jeffrey Cheek

UNIVERSITY OF WASHINGTON  
SCHOOL OF AQUATIC AND FISHERY SCIENCES  
Box 355020  
INTERDEPARTMENTAL

DATE: January 22, 2008

TO: Jan Signs  
Office of Sponsored Programs

FROM: Jessica Roshan *Jessica Roshan*  
Associate Administrator of Finance

RE: Significant Financial Interest Form  
Ray Hilborn – Principal Investigator  
GC-1 #A35505

Attached is the Financial Disclosure Form for the above mentioned eGC1. Please note this was signed electronically by the PI since he is in New Zealand. The originally-signed copy is in the mail to us. The director signed this copy as well. You mentioned the review could begin with the electronic copy and I will notify you when the original arrives.

Please put a notation in the eGC1 that this proposal does have significant financial interest. The eGC1 was completed and approved without the Significant Financial Interest box marked YES, an oversight by the PI and departmental approver.

I have also attached a copy of the eGC1 and accompanying support documents for review.

Please contact me at 616-9521 or via email at [jroshan@u.washington.edu](mailto:jroshan@u.washington.edu) if you have any questions.

As always, thanks for your help.

Enclosures

cc: file

*JM*  
**RECEIVED**  
JAN 23 2008  
**OFFICE OF SPONSORED PROGRAMS**

University of Washington

**GIM 10  
Exhibit 1**

**Significant Financial Interest Disclosure Form**

**Instructions**

Provide all information required in Parts I, II and III of this Significant Financial Interest Disclosure Form and obtain the recommending signatures indicated below. For detailed information on completing this form and the policy, procedures and definitions that apply, see GIM 10, Significant Financial Interest Disclosure Policy.

**Part I - Disclosing Person**

Name: RAY HILBORN

School or College: COFS Department or Other Unit: SAFS

This information is being submitted in connection with (check only one):

- Research (complete Part II-A only)
- Technology Transfer Transaction (complete Part II-B only)

**Part II-A - Research (to be completed by Investigator)**

Title: PROFESSOR

- Sponsored Research or  Non-Sponsored Research (check one only)
- Human Subjects Research:  Clinical Trial  Non-Clinical Trial (check only if applicable)

**Part II-B - Technology Transfer Transaction (to be completed by UW TechTransfer)**

Title: \_\_\_\_\_

Name of Transferee: \_\_\_\_\_

Brief Description of Transaction: \_\_\_\_\_

**Part III - Disclosures**

I am disclosing all Significant Financial Interests, if any, of myself and my Immediate Family Members related to the matters described in Part II-A or Part II-B above (i) that would reasonably appear to be affected by such Research or Technology Transfer Transaction, and (ii) that are in an Entity that would reasonably appear to be affected by such Research or Technology Transfer Transaction. **(Complete either A or B)**

**A - Disclosure of Significant Financial Interest**

A detailed description of the nature and amount of all Significant Financial Interests is included in the attached envelope marked "Confidential" and addressed to the Vice Provost for Research and consists of one or more of the following:

- Compensation Interest (consulting fees, salaries, honoraria, etc.)
- Equity Interest (stocks, options, share of profits, etc.)
- Intellectual Property Interest (royalties, license fees, etc.)
- Other Financial Interest (anything else of monetary or economic value)

**B - No Disclosure Required**



I have no Significant Financial Interest to disclose

I understand that the following are not considered Significant Financial Interests and are exempt from disclosure:

- salary and other forms of non-royalty and non-equity compensation paid by the University
- reasonable compensation paid by a public or nonprofit Entity in exchange for seminars, lectures or teaching engagements or for service on advisory committees or peer review panels
- for non-Human Subjects Research and Technology Transfer Transactions, Financial Interests where the total aggregate value thereof is less than \$10,000
- for non-Human Subjects Research and Technology Transfer Transactions, an Equity Interest representing less than a 5% ownership interest in an Entity (unless the value of the Equity Interest, either separately or aggregated with other Financial Interests, is greater than \$10,000)
- for Human Subjects Research that is not a Clinical Trial, Compensation Interests whose total value does not exceed \$5,000

I further agree:

- to provide any additional information requested by the Office of Research
- to cooperate in the development of an appropriate Management Plan as required by the Office of Research
- during the period of any Research described in Part II-A above, to update this disclosure on an annual basis and to submit a disclosure of all new Financial Interests arising during the Research
- to comply with all terms and conditions contained in any Management Plan
- to take reasonable measures to ensure that any of my Financial Interests that are less than a Significant Financial Interest do not adversely influence any Research or any person involved in any Research in which I participate as an Investigator or any Technology Transfer Transaction

Signed: Ray Hill

(Original Signature Required)

Date: 15 Jan 2008

#### Recommendation for Approval

The undersigned have each reviewed the foregoing, but not any related confidential information provided to the Vice Provost for Research, and recommend that the Research or Technology Transfer Transaction, as the case may be, be approved on condition that any potential Conflicts of Interest related thereto be eliminated, reduced or otherwise adequately managed.

Department/Unit Head: David Anty

Date: 2/13/2008

School/College Dean: M. Zee

Date: 2-14-08

Reset Form

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**INTEROFFICE MEMORANDUM  
SCHOOL OF AQUATIC AND FISHERY SCIENCES  
UNIVERSITY OF WASHINGTON**

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---

**TO:** VICE-PROVOST FOR RESEARCH  
**FROM:** RAY HILBORN, PROFESSOR *RH*  
**SUBJECT:** DETAILS OF SIGNIFICANT FINANCIAL INTEREST  
**DATE:** 1/16/2008  
**CC:**

---

This project will support a post-doctoral fellow, Robert Lessard. I will be working as a consultant for the same company on the project, with an estimated 10 days time over the next year devoted to the project. My tasks will be primarily to attend meetings with the client in California and provide comment on the modelling work done by the overall project. When I filed the initial GC-1 for this project my departments administrative offices advised me that this relationship would not require a GIM-10 form and that explains the late date of filing.

## Printable eGC1

Print | Close | Refresh

Approved

Form eGC1

**UNIVERSITY OF WASHINGTON**  
**Request for Approval of Application for Grant or Contract**

This application is routing electronically

**Application Details**

eGC1 number:	A35505
Full Application Title*:	Life history models of Sacramento River chinook salmon
Short title*:	Sacramento Chinook
Last completed timestamp:	10/08/2007 11:17 AM
Dates requested:	Start*: 10/1/2007 End*: 12/31/2008
Sponsor deadline*:	10/15/2007
Application type*:	New
Sponsor*:	R2 Resource Consultants
Organization Code receiving funding*:	Sch Aquatic&fishery Sc (Org Code: 2620001000) +

**Principal Investigator\***

Name: Ray Hilborn

**Budget**

Indirect cost rate:	56%		
		<b>First period</b>	<b>Total (all periods)</b>
Total direct costs:		0	114,874
Total indirect costs:			64,329
Total costs:		0	179,203

**Cost Sharing**

Total cost sharing includes all amounts from UW sources (personnel and non-personnel), third party sources, and unrecovered indirect costs.

Total cost sharing:	<b>Total (all periods)</b>
	0

**UW Summary by Unit**

The following table indicates the grand total of all UW *personnel* and *non-personnel* cost sharing amounts for each unit as indicated above. Third party (non-UW source) cost sharing is *not* included in this list.

Unit reviewers: by approving this application, *you agree that your unit will contribute the appropriate amount as listed below.*

**Compliance Questions****Non-Governmental Applications**

NG-3. YES: Application involves flow-through funds

---

### eGC1 Comments

The PI will serve as a consultant to the contracting party and all of his time on this project will be covered as a consultant.

These are flow-through funds. Originating sponsor is the State of California CALFED Bay-Delta Program.

The sponsor awarding UW funds is R2 Resource Consultants.

This application is routing electronically

## Details

---

eGC1 number:	A35505			
Full Application Title*:	Life history models of Sacramento River chinook salmon			
Short title*:	Sacramento Chinook			
Dates requested:	Start*:	10/1/2007	End*:	12/31/2008
Sponsor copies required:	Signed:	1	Unsigned:	5
Sponsor deadline*:	10/15/2007			
Date needed from OSP:	10/15/2007			

### Organization Code Receiving Funding\* Help

Org Code receiving funding:	Sch Aquatic&fishery Sc (Org Code: 2620001000) +
Box number for official correspondence:	355020

### Application Type Help

Application type*:	New
After the Fact application:	[NO] Check here if funding, or an award letter, has already been received from the sponsor.

### Project Details Help

Project type*:	Contract
Funding purpose*:	Research: Applied
International Projects*:	Central to the UW's vision of world-class excellence is the need to cultivate and nurture global connections through scholarship, research, and education. To assist UW offices in planning for support of faculty projects in the international arena, please answer the following question:

Is any portion of this project conducted internationally?  No

### Sponsor\* Help

Sponsor name:	R2 Resource Consultants
Sponsor type:	Private Industry
Address:	R2 Resource Consultants 15250 NE 95th Street Redmond, Washington 98052

City, State, ZIP: Redmond WA 98053  
 Country: USA  
 Contact name: Noble Hendrix  
 Contact phone: 425.556.1288  
 Contact email: nhendrix@r2usa.com

### Additional Information for Existing Application or Award (if applicable)

Please include the complete sponsor application or award number and current year/total years.

Sponsor number at UW:

UW budget number:

(Previous eGC1 or GCS number(s), separated by commas.)

Previous eGC1 number(s):

This application is routing electronically

## PI and Contacts

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### Principal Investigator \* [Help](#)

Name: Ray Hilborn (EIN: 866007575)  
 Selected unit: Sch Aquatic&fishery Sc (Org Code: 2620001000) +  
 Title: Professor  
 Academic home unit: Sch Aquatic&fishery Sc (Org Code: 2620001000) +  
 UW box number\*: 355020  
 Phone\*: 206-543-3587  
 Fax: 206-685-7471  
 Cell Phone:  
 Pager:  
 Email\*: rayh@u.washington.edu

### Alternate UW Contacts [Help](#)

#### Administrative Contact

Name: Jessica L. Roshan (EIN: 877006544)  
 Selected unit: Sch Aquatic&fishery Sc (Org Code: 2620001000) +  
 Title: Manager Of Program Operations  
 Academic home unit: Sch Aquatic&fishery Sc (Org Code: 2620001000) +  
 Phone\*: 206-616-9521  
 Fax: 206-616-8689  
 Cell Phone:  
 Pager:  
 Email\*: jroshan@u.washington.edu

#### Pre-Award Budget Contact

This application is routing electronically

## Personnel

Name	EID	Role Type	Selected UW Org Code	Significant Financial Interest
Ray Hilborn	866007575	Principal Investigator	Sch Aquatic&fishery Sc (Org Code: 2620001000)	No
Robert B. Lessard	860004422	Key Personnel	Sch Aquatic&fishery Sc (Org Code: 2620001000)	No

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## Abstract and RFA/RFP

### UW Abstract\*

This abstract should express the purpose and essence of the proposed activity *in language understandable to nonspecialists*. Classified information should not be included. These abstracts are relied upon heavily by those charged with explaining the University's research programs to the public and the state government. Therefore, the importance of preparing them carefully cannot be overemphasized.

This project will evaluate the impacts of management actions, particularly water diversions, on Sacramento River winter and spring run chinook salmon. The UW activity will consist of building computer simulation models of the salmon life history and the influence of habitat conditions on the survival of the salmon through their life. These models will be fit to the existing data to provide a tool to evaluate alternative management measures being considered.

### Request for Application/Proposal or Program Announcement

RFA/RFP/PA Number:

Title:

URL:

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## Budget

For single-year budgets, enter all figures in the "Total (All Periods)" column only. List each budget item only once. Subcontracts should *not* be listed in the 03 category; instead, they should be listed individually in the Subcontracts section below.

FAS Object Code	Description	1st Period	Total (All Periods)
01	Salaries and Wages		85,372
02	Contract Personal Services		
03	Other Contractual Services		
04	Travel		3,696
05	Supplies and Materials		2,000
06	Equipment		
07	Retirement and Benefits		23,806
08	Student Aid		
38	Unallocated		

**Other Object Codes**

**Subcontracts**

**Subcontracts subtotal** 0 0

<b>Total direct costs</b>	<b>1st Period</b>	<b>Total (All Periods)</b>
	0	114,874

<b>Indirect Costs</b>	<b>1st Period</b>	<b>Total (All Periods)</b>
Amount subject to indirect costs (base)		114,874
<i>For multiple indirect cost rates, enter "multiple" and provide details in supporting documents to reviewers.</i>		
Indirect cost rate		56% (e.g., 55.5%)

*Note that total indirect costs do not calculate automatically.*

**Total indirect costs** 64,329

<b>Total costs</b>	<b>1st Period</b>	<b>Total (All Periods)</b>
	0	179,203

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**Cost Sharing**

**Cost Sharing Type(s)**

Mandatory[NO] Amount or percentage pledged:

Committed[NO] Amount or percentage pledged:

Aggregate (NSF only)[NO] Amount or percentage pledged:

**Personnel Cost Sharing** [Help](#)

Name	Cost Sharing Org Code	Cost Sharing Org Code Name	Amount
Ray Hilborn	2620001000	Sch Aquatic&fishery Sc	
Robert B. Lessard	2620001000	Sch Aquatic&fishery Sc	

**UW Cost Sharing (Other)** [Help](#)

*No non-personnel cost sharing currently entered.*

**Third Party Cost Sharing** [Help](#)

*No third party (non-UW source) cost sharing currently entered.*

**Total third party cost sharing: 0**

**Unrecovered Indirect Costs (if counted as Cost Sharing)** [Help](#)

Unrecovered indirect cost amount (if counted as cost sharing):

**UW Summary by Unit** [Help](#)

*No UW cost sharing data currently entered.*

**Total Cost Sharing**

Total cost sharing includes all amounts from UW sources (personnel and non-personnel), third party sources, and unrecovered indirect costs.

**Total cost sharing: 0**

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## Compliance Questions

All questions on this page must be answered for *all* applications (including all Non-Government questions, regardless of sponsor type). For questions answered "yes" on this page, explanations and additional information may be requested on the Explanations page.

Answers to these questions will be used to determine additional approvers, if necessary, during the routing process.

**Financial and General** [Help](#)

- |  |    |
|--|----|
| FG-1. Does this application commit UW funds for cost sharing, matching or program continuation?*   | No |
| FG-2. Will the proposed project be conducted off-campus (excluding outgoing subcontracts)?*  | No |
| FG-3. Are indirect costs reimbursed at less than the federally negotiated rate for the UW?*  | No |
| FG-4. Does this application require any new, rental or renovation to existing space?*  | No |
| FG-5. Does this application provide compensation for overtime, special premium, or other supplement to regular salary?*  | No |
| FG-6. Does this application require any deliverables (other than the usual written progress reports)?*   | No |
| FG-7. Does this application request administrative support or office supplies?*  | No |
| FG-8. Does this application involve a UW interdisciplinary facility, service center or institute requiring additional approval?*   | No |
| FG-9. Does this application require the review of organizations not otherwise identified on this application by the personnel involved, the organization receiving funding or the other Compliance | No |



questions (for lab space, equipment, TBA personnel, joint appointments, etc.)?\*

### Security and Export Help

Federal law requires the University to obtain a license from the federal government before certain items may be transported outside the United States or certain information is shared with non-U.S. citizens. Your OSP representative will notify you if a license is required.

SEC-1. Will any items be transported outside the United States in connection with this project?\* No

SEC-2. Will this project potentially be subject to export regulation?\* No

SEC-3. Will this project require restriction on information, personnel or security classification?\* No

### Non-Governmental Applications Help

NG-1. Did a representative from the Office of Development (either College or Central Administration) provide assistance with this application?\* No

NG-2. Does this application have funding from a foreign source or foreign subsidiary entity?\* No

NG-3. Does this application involve flow-through funds?\* Yes

### Environmental Health and Safety Help

EHS-1. Will this project involve pathogenic agents Help, potential biohazards, recombinant DNA, human tissues or cells, hazardous materials in animal studies or highly toxic chemicals?\*

EHS-2. Will this project involve the acquisition, possession, use, transfer or shipping of Select Agents Help, Exempted Select Agents or Toxins?\*

EHS-3. Will the proposed project generate either hazardous waste Help without disposal options or mixed waste (both radioactive and hazardous components) or multi-hazard waste (biological and chemical and radioactive components)?\*

EHS-4. Does the proposed project involve any of these specialized uses of radiation: transuranics, gaseous alpha-emitters, or intentional release of radionuclides to the atmosphere?\*

### Human Subjects and Stem Cells Help

HS-1. Does this application involve the use of human subjects?\* No

HS-2. Will this research involve the use and/or creation of human embryonic stem cells?\*

### Animal Use Help

AC-1. Does this application involve the use of vertebrate animals?\*

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## Compliance Explanations

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For Compliance Questions answered "yes", explanations and additional information may be requested.

### Non-Governmental Applications Help

NG-3. YES: Application involves flow-through funds

Identify originating sponsor\*:

Originating Sponsor Name: State of California  
Originating Sponsor Type: Other State

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This application is routing electronically

## Attachments

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### Application Documents Information [Help](#)

**PAPER DOCUMENTS:** Will paper documents be submitted to OSP in support of this application after the eGC1 is completed for routing?\*

*OSP will begin the review process only AFTER these paper documents are received.*

No

**SPONSOR DOCUMENTS:** Will sponsor documents be submitted electronically to the sponsor (Grants.gov, Fastlane, eRA Commons, other)?\*

No

**Documents to be Submitted to Sponsor** Help

Provide one file with the entire application (in the correct order) that will be submitted to the sponsor; if appropriate, please provide a separate file containing only signature pages that require OSP ink signature. By providing this file the review time may be reduced and it will ensure that all paperwork is processed according to sponsor instructions.

*No attachments have been associated*

**Internal Documents for OSP** Help

Upload non-sponsor attachments that OSP and your division, department or school/college need to review.

Description	Version	File Name	Attached On
SOW and budget	1	Hilborn.pdf	10/8/2007 10:04:16 AM

**Internal Documents for Dept/School/College** Help

Upload attachments that only your division, department or school/college need to review. All other internal (non-sponsor) documents should be uploaded as "OSP" documents.

*No attachments have been associated*

**Documents Uploaded by OSP** Help

These documents are uploaded by OSP in support of or in reference to this application.

Description	Version	File Name	Attached On
OSP approved application	1	SCAN323.pdf	2/1/2008 10:01:54 AM
A35505: SFI Cover Memo for APPLICATION : 35505	1	A35505: SFI Cover Memo.pdf	1/23/2008 3:10:57 PM

This application is routing electronically

**Certify, Complete and Print****Significant Financial Interest (SFI)** Help

The PI affirms that all Investigators on the project have read the UW Investigator Significant Financial Interest Disclosure Policy for Sponsored Projects\* YES and that the proposed project\* DOES NOT require Investigators to complete the UW Significant Financial Interest Disclosure Form.

If the proposed project requires any investigators or key personnel to complete the UW Significant Financial Interest Disclosure Form, this must be indicated *for each person* using the checkboxes in the personnel table on the Personnel page, and the SFI Disclosure Form must be completed and submitted according to the instructions in [GIM 10](#).

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#### **Disbarment Statement**

By submitting this application, the PI certifies that the PI and other Key Personnel (anyone involved in the design, conduct or reporting of the research) have not been debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency.

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#### **Escalation of PI Certification** [Help](#)

Check the following only in exigent circumstances when the PI is in the field and unavailable to approve via the internet. This is not to be used as a routine convenience.

[NO] The PI is absent and is not able to complete or approve this application online. For information on approval of applications in the PI's absence, contact your department administrator or chair and read [GIM 1 Section 1.B.1](#).

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#### **Additional Information** [Help](#)

Any additional comments or instructions for UW reviewers:

The PI will serve as a consultant to the contracting party and all of his time on this project will be covered as a consultant.

These are flow-through funds. Originating sponsor is the State of California CALFED Bay-Delta Program.

The sponsor awarding UW funds is R2 Resource Consultants.

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Bienium	Budget	PI Name	Budget Name	Revenue Source	Current Period Begin	Current Period End	Award Amount
1989	655626	HILBORN, RAY W.	HALIBUT MOVEMENT	FOUNDATIONS	4/1/1988	7/31/1989	
1989	655665	HILBORN, RAY W.	CWT COMPARISON	FOUNDATIONS	9/9/1988	6/30/1989	
1991	656150	HILBORN, RAY W.	HALIBUT MOVE II	FOUNDATIONS	3/25/1990	7/1/1992	
1993	627825	HILBORN, RAY W.	SALMON DATA	DEPARTMENT OF ENERGY	9/1/1989	3/31/1994	
1993	628750	HILBORN, RAY W.	SG-MANAGING ADAPTIVELY	NATL OCEAN/ATMOS/ADMIN	1/1/1989	1/31/1993	
1993	628769	HILBORN, RAY W.	SG-CODED WIRE TAG	NATL OCEAN/ATMOS/ADMIN	2/1/1991	1/31/1993	
1993	630590	HILBORN, RAY W.	NZ HOKI/HILBORN	BUSINESS CONCERNS	3/10/1992	2/28/1994	
1995	631056	HILBORN, RAY	NZ ROUGHY-HILBORN	BUSINESS CONCERNS	7/15/1992	12/31/1994	
1997	613289	HILBORN, RAY	CERP93-03 HILBORN	NATL OCEAN/ATMOS/ADMIN	9/1/1993	2/28/1995	
1997	618239	HILBORN, RAY	CERP INTERACTIONS	NATL OCEAN/ATMOS/ADMIN	10/1/1996	3/31/1998	
1997	619014	HILBORN, RAY	SG HATCHERIES	NATL OCEAN/ATMOS/ADMIN	1/1/1993	1/31/1995	
1997	631838	HILBORN, RAY	POLLOCK CODEND MESH	NATL OCEAN/ATMOS/ADM	5/1/1993	12/31/1998	
1999	616521	HILBORN, RAY	NMFS SABLEFISH	NATL OCEAN/ATMOS/ADMIN	10/1/1995	6/30/1999	
1999	618159	HILBORN, RAY	HIGH SEAS	NATL OCEAN/ATMOS/ADMIN	10/1/1996	9/30/1999	
1999	618226	HILBORN, RAY	CERP DEEPWATER TRAWL	NATL OCEAN/ATMOS/ADMIN	10/1/1996	6/30/1999	
1999	620296	HILBORN, RAY	IPA-WALLACE	NATL OCEAN/ATMOS/ADMIN	2/1/1998	5/31/2000	
1999	621198	HILBORN, RAY	ANADROMOUS SOCKEYE	NATL OCEAN/ATMOS/ADMIN	7/1/1998	4/30/1999	
1999	622539	HILBORN, RAY	ANADROMOUS SOCKEYE	NATL OCEAN/ATMOS/ADMIN	5/1/1999	4/30/2000	
1999	624284	HILBORN, RAY	SALMON DISASTER	NATL OCEAN/ATMOS/ADMIN	4/12/2000	10/12/2000	
1999	633063	HILBORN, RAY	GROUNDFISH-NMFS	NATL OCEAN/ATMOS/ADMIN	6/1/2000	8/31/2001	
1999	633067	HILBORN, RAY	NZ COMMERCIAL	FOREIGN GOVERNMENTS	7/15/1994	8/31/2000	
1999	639304	HILBORN, RAY	NZ COMMERCIAL-HILBORN	FOREIGN GOVERNMENTS	7/15/1994	12/31/1997	
1999	661187	HILBORN, RAY	PORT MOLLER 2	FOREIGN GOVERNMENTS	9/1/1997	8/31/2000	
1999	662703	HILBORN, RAY	PORT MOLLER 3	OTHER STATES	2/1/1999	1/31/2000	
2001	619210	HILBORN, RAY	SG RESTORE SALMON	OTHER STATES	5/30/2000	2/28/2001	
2001	619268	HILBORN, RAY	SG SOCKEYE MIGRATION	NATL OCEAN/ATMOS/ADMIN	1/1/1997	1/31/1998	
2001	619896	HILBORN, RAY	PNCERS SALMON	NATL OCEAN/ATMOS/ADMIN	9/1/1998	12/31/2000	
2001	620100	HILBORN, RAY	ANADROMOUS SOCKEYE	NATL OCEAN/ATMOS/ADMIN	7/1/1997	5/31/2000	
2001	622775	HILBORN, RAY	HIGH SEAS 2	NATL OCEAN/ATMOS/ADMIN	5/1/2002	4/30/2003	
2001	622991	HILBORN, RAY	RUN TIME SELECTION	NATL OCEAN/ATMOS/ADMIN	10/1/1999	9/30/2000	
2001	624414	HILBORN, RAY	HIGH SEAS 3	NATL OCEAN/ATMOS/ADMIN	5/1/1999	11/30/2001	
2001	624477	HILBORN, RAY	ANADROMOUS SOCKEYE	NATL OCEAN/ATMOS/ADMIN	10/1/2000	9/30/2003	
2001	625603	HILBORN, RAY	Anadromous Sockeye	NATL OCEAN/ATMOS/ADMIN	5/1/2000	4/30/2001	
2001	638462	HILBORN, RAY	BRISTOL BAY - 3	NATL OCEAN/ATMOS/ADMIN	5/1/2001	4/30/2002	
2001	662409	HILBORN, RAY	NZ CONTRACT	ASSOC. CLUBS, ETC.	4/1/1997	3/31/2004	
2001	663447	HILBORN, RAY	NZ CONTRACT 2	FOREIGN PRIVATE SOURCE	9/1/1999	3/15/2001	
2001	664674	HILBORN, RAY	NEW ZEALAND CONTRACT	FOREIGN PRIVATE SOURCE	10/1/2000	9/30/2001	
2003	622285	HILBORN, RAY	PNCERS SALMON	FOREIGN PRIVATE SOURCE	10/1/2001	9/30/2002	
2003	623138	HILBORN, RAY	PNCERSMODELING	NATL OCEAN/ATMOS/ADMIN	6/1/1999	8/31/2002	\$107,638.00
				NATL OCEAN/ATMOS/ADMIN	1/1/2000	8/31/2001	\$38,433.00

Bienium	Budget	PI Name	Budget Name	Revenue Source	Current Period Begin	Current Period End	Award Amount
2003	625352	HILBORN, RAY	NEUWHALEN COUNTS	FISH & WILDLIFE	5/1/2001	6/30/2003	\$71,200.00
2003	626429	HILBORN, RAY	QUANT. ASSESSMENT	NATL OCEAN/ATMOS/ADMIN	8/21/2001	9/30/2003	\$46,167.64
2003	626992	HILBORN, RAY	NMFS STATISTICS	NATL OCEAN/ATMOS/ADMIN	7/1/2002	12/31/2002	\$27,041.65
2003	637572	HILBORN, RAY	ALASKA PENINSULA	BUSINESS CONCERNS	5/1/1996	4/30/2003	\$317,001.39
2003	663900	HILBORN, RAY	PORT MOLLER	OTHER STATES	5/1/2001	4/30/2004	\$90,000.00
2003	663918	HILBORN, RAY	CANCEL////////	SCHOOLS, COLLEGES, UNIV.	9/25/2000	9/24/2003	
2003	665807	HILBORN, RAY	NEW ZEALAND CONTRACT	FOREIGN PRIVATE SOURCE	10/1/2002	9/30/2003	\$42,637.38
2003	666868	HILBORN, RAY	NZ CONTRACT 15	FOREIGN PRIVATE SOURCE	7/1/2003	6/30/2004	\$65,464.86
2005	660650	HILBORN, RAY	NZ CONTRACT 2005-2006	FOREIGN PRIVATE SOURCE	9/1/2005	8/31/2006	\$28,092.26
2005	663929	HILBORN, RAY	ICELANDIC COD	SCHOOLS, COLLEGES, UNIV.	9/25/2000	9/30/2005	\$51,595.35
2005	666205	HILBORN, RAY	ADF&G ASSESSMENT	OTHER STATES	9/15/2002	8/31/2004	\$36,909.93
2005	668759	HILBORN, RAY	NZ CONTRACT 2004-2005	ASSOC. CLUBS, ETC.	9/1/2004	8/31/2005	\$32,033.12
2007	611832	HILBORN, RAY	NWFSC TRT MODELING	NATL OCEAN/ATMOS/ADMIN	6/10/2005	1/31/2007	\$99,351.00
2007	628901	HILBORN, RAY	ANADROMOUS SOCKEYE	NATL OCEAN/ATMOS/ADMIN	5/1/2003	4/30/2006	\$90,000.00
2007	630376	HILBORN, RAY	UW AYK SSI	ASSOC. CLUBS, ETC.	5/1/2006	6/30/2007	\$59,550.00
2007	631661	HILBORN, RAY	NZ CONTRACT 2006-2007	BUSINESS CONCERNS	11/1/2006	8/31/2007	\$38,291.00
2007	669536	HILBORN, RAY	MOORE SALMON	FOUNDATIONS	3/1/2005	7/15/2008	\$1,574,076.37
2007	669557	HILBORN, RAY	MOORE SALMON MGT	FOUNDATIONS	3/1/2005	7/15/2008	\$851,929.00
2007	800097	HILBORN, RAY	NMFS FELLOW HALTUGH	NATL OCEAN/ATMOS/ADMIN	7/1/2002	6/30/2007	\$128,647.00
2007	800281	HILBORN, RAY	NMFS FELLOW WARD	NATL OCEAN/ATMOS/ADMIN	6/1/2003	6/30/2007	\$86,336.00
2007	802313	HILBORN, RAY	SG NMFS FELLOW	NATL OCEAN/ATMOS/ADMIN	7/1/2001	6/30/2005	\$58,640.00
2009	610474	HILBORN, RAY	NSF BIOCMPLEXITY	NATL SCIENCE FOUNDATION	9/1/2004	8/31/2010	\$1,827,499.00
2009	612049	HILBORN, RAY	BIOCMPLEXITY REU	NATL SCIENCE FOUNDATION	9/1/2004	8/31/2009	\$17,877.00
2009	613756	HILBORN, RAY	COLUMBIA RIVER TRT	NATL OCEAN/ATMOS/ADMIN	6/16/2006	11/30/2008	\$81,274.25
2009	620004	HILBORN, RAY	ANADROMOUS SOCKEYE	NATL OCEAN/ATMOS/ADMIN	5/1/2006	4/30/2009	\$90,000.00
2009	620846	HILBORN, RAY	FISHING ECOSYSTEMS	NATL SCIENCE FOUNDATION	7/1/2010	7/31/2013	\$309,460.00
2009	621541	HILBORN, RAY	TASK III PRODUCTIVITY	NATL OCEAN/ATMOS/ADMIN	7/1/2010	6/30/2012	\$81,820.00
2009	626987	HILBORN, RAY	TASK III-HILBORN-A	NATL OCEAN/ATMOS/ADMIN	8/1/2002	12/31/2011	\$255,769.00
2009	629452	HILBORN, RAY	SG SPATIAL DYNAMICS	NATL OCEAN/ATMOS/ADMIN	12/1/2003	1/31/2008	\$227,761.00
2009	633464	HILBORN, RAY	CHIGNIK LAKES	ASSOC. CLUBS, ETC.	5/1/1995	6/30/2011	\$422,121.00
2009	633868	HILBORN, RAY	SEA URCHIN DATA	ASSOC. CLUBS, ETC.	2/1/2008	12/31/2008	\$6,538.39
2009	634222	HILBORN, RAY	PEW ALASKA SALMON 2	SCHOOLS, COLLEGES, UNIV.	1/1/2008	12/31/2009	\$38,180.58
2009	634231	HILBORN, RAY	SALMON BIOCMPLEXITY	FOUNDATIONS	6/1/2008	11/30/2011	\$3,643,418.32
2009	634444	HILBORN, RAY	PEW ALASKA SALMON2 SUB	SCHOOLS, COLLEGES, UNIV.	1/1/2008	12/31/2009	\$90,327.66
2009	635772	HILBORN, RAY	FINDING COMMON GROUND	SCHOOLS, COLLEGES, UNIV.	4/29/2008	11/30/2009	\$35,947.99
2009	637549	HILBORN, RAY	FOREGONE HARVEST	ASSOC. CLUBS, ETC.	7/30/2009	1/31/2013	\$61,946.45
2009	638462	HILBORN, RAY	COASTAL CHINOOK MODEL	NATL OCEAN/ATMOS/ADM	9/1/2009	11/30/2010	\$115,256.04
2009	639523	HILBORN, RAY	BRISTOL BAY 3	ASSOC. CLUBS, ETC.	4/1/1997	3/31/2013	\$2,190,649.79
2009	655060	HILBORN, RAY	SUSTAINABLE FISHERIES	FOUNDATIONS	1/1/2011	12/31/2011	\$100,000.00
2009	655060	HILBORN, RAY	HILBORN SURPLUS OFF	MISC.PRIVATE SOURCES	3/13/2002	12/31/2019	\$136,934.50

Biennium	Budget	PI Name	Budget Name	Revenue Source	Current Period Begin	Current Period End	Award Amount
2009	656025	HILBORN, RAY	HILBORN CONSULTING	MISC.PRIVATE SOURCES	7/1/1989	12/30/2019	\$1,175.60
2009	660071	HILBORN, RAY	PEW ALASKA SALMON	SCHOOLS, COLLEGES, UNIV.	6/15/2005	12/31/2007	\$68,179.27
2009	661874	HILBORN, RAY	CV CHINOOK	OTHER STATES	7/1/2011	6/30/2014	\$695,753.00
2009	663787	HILBORN, RAY	HILBORN SURPLUS	MISC.PRIVATE SOURCES	1/1/2001	12/30/2019	\$35,929.97
2009	667579	HILBORN, RAY	UCSB FLOW & FISHING	NATL SCIENCE FDN	9/1/2003	8/31/2009	\$315,607.00
2009	801084	HILBORN, RAY	NMFS MCGILLIARD	NATL OCEAN/ATMOS/ADMIN	6/1/2007	10/31/2011	\$96,249.00
2009	801236	HILBORN, RAY	FISHERIES COLLAPSES	ASSOC. CLUBS, ETC.	8/1/2008	7/31/2010	\$160,279.61